

The following information is required for participation in Bridges to Care. Please complete each item. If you do not understand any of the items, please ask for help.

Name:	Fir	rst			Mido	Middle			Last		
N	Iother's	Name	Parent/Guardian Name (if patient is a minor)								
Street Address				1	Apt. #	City			State	Zip Code	
Mailing Address (if different)											
Phone	er	Name and phone number of person to contact in an emergency									
()		() —									
Birth Dat	Birth Date Age			Sex Race (Circle one)							
/ / Month/Day/Year				Black White Asian Native American Pacific Islande							
Hispanic?	Prir	mary Lar	nguage	S	Speak English?	peak English? Read a		and Write?		Last grade completed?	
Yes No		Y			Yes No	Yes No					
Years lived in Nashville			Homele	ess?	Country of Origin			County of Current Residence			
		Yes	No								
The following information is required to determine eligibility for some medical and dental services.											
Social Security Number			# in Family		Annual Fami	ly Income	Income Ca		Но	Hours worked per week	
Family Status (circle one if applicable)											
Married/children under age 6 Married/no children Single/children under age 6 Single/no children											

If you have children in your household for which you are the parent or guardian, please supply information about each child on the reverse side of this form.

This application cannot be accepted without a signed BTC patient release of information form. Please sign two BTC patient release of information forms. Give this completed application along with the release forms to the admission or check out desk. If you have questions, call the BTC office at 760-2799. Thank you for participating in Bridges to Care.

Please provide this information for each child in your family/household.

Name:	First		Middle							
Birth Dat	e Age	Sex	Race (Circle one)							
/ /		Sex				Native American Pacific Islander				
Month/Day/Yea	Primary L	anguaga	Speak E	Inglish?	Pood and	Writa?	Last	arada completed?		
•	Filliary L	anguage	_	Speak English?		Read and Write?		Last grade completed?		
Yes No			Yes No		Yes No					
Social Secu	rity Number									
_	-									
Name:	First			Middle	2	Last				
	Birth Date Age			Race	(Circle one)	ircle one)				
Month/Day/Yea	/ / Month/Day/Year		Black White Asian Na			Native Am	tive American Pacific Islander			
Hispanic?	Primary L	anguage	Speak English?		Read and Write?		Last grade completed?			
Yes No			Yes	No	Yes	No				
Social Security Number										
_	_									
Name:	First			Middle		Last				
Birth Dat	e Age	Sex	Race (Circle one)							
/ /	1180		Black	White		Asian Native American Pacific				
Month/Day/Yea										
Hispanic? Primary		anguage	Speak E	English?	Read and	l Write?	Last g	grade completed?		
Yes No			Yes	No	Yes	No				
Social Secu	rity Number									
_										
Name:	First		Middle					Last		
Birth Date Age		Sex	Race (Circle or							
/ /			Black	White	Asian	Native Am	erican	Pacific Islander		
Month/Day/Yea	Primary L	anguaga	Sneak F	English?	Read and	Writa?	Last	grade completed?		
_			Speak English? Yes No				Last	grade completed:		
Yes No			Yes	No	Yes	No				
Social Secu	rity Number									
-	-									